

Montana Medicaid Claim Jumper

Timely Filing Limits (ARM 37.85.406)

Providers must submit clean claims to Medicaid within the latest of:

- Twelve months from whichever is later:
 - the date of service
 - the date retroactive eligibility or disability is determined
- **Medicare Crossover Claims:** Six months from the date on the Medicare explanation of benefits approving the service.
- **Claims involving other third party payers (excluding Medicare):** Six months from the date on an adjustment notice from a third party payer who has previously processed the claim for the same service, and the adjustment notice is dated after the periods described above.

A “clean claim” is a claim that can be processed without additional information or documentation from or action by the provider of the service.

To meet timely filing requirements, if you submit a claim to a third party insurance company and does not receive a response within 90 days of the date the claim was sent, then you can send the claim to the Third Party Liability Unit at ACS with documentation that the claim was sent to the insurance company with no response. ACS will process the claim for payment and pursue the insurance company.

Finally, if you are aware of a problem that is preventing a claim from being paid, contact ACS or the Department. For more information on timely filing, see the *Billing Procedures* and *Coordination of Benefits* chapters in your provider manual.



Notice of Public Hearing

A [public hearing](#) will be held on April 2, 2003, to consider an amendment regarding Medicaid reimbursement reductions in rates and services. Please visit the Provider Information Website, *Medicaid News* section for details.



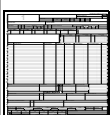
Publications Reminder

It is the providers' responsibility to be familiar with the Medicaid manuals, fee schedules, and notices for their provider type, as well as other information published in the *Claim Jumper* and on the website.

Coding Tips

The 2003 coding books are available to providers and billers to assist them in medical coding and billing. Referring to the current coding books such as the CPT-4, HCPCS Level II, and the ICD-9-CM may help to reduce coding errors and unnecessary claim denials. Medical coding books can be found through various publishers and book stores, as well as the American Medical Association. A few other suggestions to help toward successful coding and billing are:

- Attend classes on coding offered by certified coding specialists.
- Always read the complete description and guidelines in the coding books. Relying on short descriptions can result in inappropriate billing.
- Services covered within “global periods” for certain CPT-4 procedures are not paid separately and must not be billed separately. Most surgical and obstetric procedures and some medical procedures include routine care before and after the procedure. Medicaid fee schedules show the global period for each CPT-4 service.
- The Medicaid fee schedules by provider type should be used in conjunction with the detailed coding descriptions listed in the current CPT-4 and HCPCS Level II coding books. The fee schedule is not to be used as a coding guide itself.
- Provider Relations or the Department cannot suggest specific codes to be used in billing for services.
- For more detailed information regarding Medicaid billing, refer to the Medicaid Provider Manual and fee schedules by your provider type, all of which can be found at the Provider Information Website.



PASSPORT To Health Survey Executive Summary

The PASSPORT To Health Program is the primary care case management (PCCM) program for Montana Medicaid. Approximately 70% of all Montana Medicaid clients are on the PASSPORT Program.

In April 2002, surveys were mailed to all PASSPORT providers to obtain feedback from primary care physicians (PCPs) or their office staff on how they felt the PASSPORT Program was doing and to get suggestions for improvement. The return rate gave us a 90% confidence level with a 6.6%(+/-) margin of error. Since these clients are seen by non-PCP providers, specialists, facilities and in the ER, we wanted to share the survey executive summary with all Medicaid providers.

After analyzing the survey responses, we have summarized the concerns and recommendations below. The following summary reflects the concerns and recommendations regarding each of the four PASSPORT To Health provider relations objectives. PASSPORT To Health is reviewing these concerns and recommendations and developing a plan to address them.

PASSPORT To Health Mission Statement

Managing the delivery of health care to Montana Medicaid clients in order to improve or maintain access and quality while minimizing the use of health care resources.

General Findings

Overall, respondents were positive about most aspects of PASSPORT. Some highlights are:

- 70% of providers indicated satisfaction with the ability of the PCCM model to help them meet their clients' needs.
- Between 68%-75% indicated satisfaction with the ability of the Provider Help Line, the Department of Public Health and Human Services (DPHHS), and the ACS Provider Help Line to help them meet their clients' needs.
- Most agreed that PASSPORT is beneficial for the health care needs of healthy clients (70%), sick clients (79%), and disabled clients (76%).
- The tools PASSPORT supplies were rated by most providers as useful in helping manage their caseloads: monthly enrollee list (85%), PASSPORT Provider News-

letter (78%), PASSPORT Provider Handbook (63%), and Provider Help Line (60%).

- There were areas that respondents were not as satisfied with, and that have room for program improvement. These main concerns are broken down for each of the objectives listed below.

PASSPORT To Health Objective:

To increase the number of PASSPORT clients who establish a "Medical Home" with their PCP by decreasing the number of clients who have a PCP they don't see and the number of routine visits with non-PCP providers plus achieving other aspects of a medical home.

Concerns

- PASSPORT clients often go to the ER for primary care (59%).
- Coordination of care due to not receiving information after a PASSPORT referral is a problem (45%).

Recommendations

- PASSPORT will be reviewing and changing their outreach script. At that time, effort should be made to increase the education given regarding the importance of a "medical home".
- PASSPORT should increase the mention of a "medical home" in the client newsletters and "stuffers", and/or update enrollment materials to include more of an explanation of this goal.
- PASSPORT Providers can make an effort to establish a relationship with their PASSPORT clients. Some providers achieve this through a review of their monthly enrollee list and sending out notice to all new clients requesting that they come in for a preventive visit. Information specific to this process, including suggestions, should be included in future Provider Newsletters.
- In addition, PASSPORT providers can disenroll clients if the provider-patient relationship is mutually unacceptable. This is in the provider manual, but consideration should be given regarding additional education on this process (i.e., newsletters, special mailings, new contracts).

PASSPORT To Health Objective:

To decrease the number of denied claims due to lack of PASSPORT authorization.

Concerns

- Specialists seeing PASSPORT clients without a referral is a problem (40%).
- Providers who are not the PASSPORT PCP referring PASSPORT clients is a problem (44%).
- Coordination of care due to not receiving information after a PASSPORT referral is a problem (45%).
- Additional comments by some providers indicated that there was concern with providers or facilities using PASSPORT numbers without authorization.

Recommendations

- PASSPORT should enhance their presentation at ACS trainings to include more information for specialists and/or facilities.
- More comprehensive audits of referred claims should be conducted by PASSPORT to ensure that providers are using the PASSPORT provider's number only if they have been given authorization to do so. The audits will also be used to help determine providers that need additional education to decrease the number of denied claims.
- PASSPORT should go to on-site visits to providers (PASSPORT and non-PASSPORT) who need education in working with PASSPORT.
- It is important that providers follow the process for acquiring PASSPORT referrals. If they do not get a referral in advance, they should not perform the service. This would help to stress the importance of the "medical home", and would make the client be more accountable for his/her medical care. If PASSPORT required referrals in writing, this may help alleviate this problem. More comprehensive audits of the referrals could impact this issue.
- Providers should utilize both the Medicaid Provider Help Line and the ACS Provider Help Line to get help to decrease denied claims.

PASSPORT To Health Objective:

To decrease inappropriate use of ER visits, specialist visits, provider visits, drugs, etc.

Concerns

- Inappropriate use of the ER is a problem with PASSPORT clients (68%).
- PASSPORT clients often go to the ER for primary care (59%).
- Not being notified when clients use the ER is a problem (30%).

Recommendations

- There are many federal regulations that limit what DPHHS can do in the area of clients who appear to be using the ER excessively. However, PASSPORT will be creating provider utilization reports with one focus area being ER, and another being specific prescriptions. This will help to identify clients for providers and DPHHS who over-use the ER or prescriptions.
- PASSPORT and providers should send letters to clients who are discovered to overuse the ER advising them of their over-use and that they may be referred to the SURS unit for review.
- PASSPORT should put additional emphasis on appropriate use of services in client newsletters, stuffers, enrollment materials, and outreach scripts.
- PASSPORT is conducting a survey of clients who have recently used the ER to see if there is a way to identify why these clients use the ER. There will be interventions suggested and implemented based on the outcome of this survey.
- Providers should educate their clients on inappropriate use of the ER. This could be general education, or it could be education specific to clients who have overused the ER. PASSPORT should begin a process of notifying providers when they see possible concerns in this area. By conveying the concern to the provider, the provider can work directly with the client.
- Providers should also provide education to clients regarding overuse of prescriptions. Many providers have a process for working with clients who display abusive behavior with certain prescription drugs. This process involves a contractual arrangement between the client and the provider. PASSPORT should notify providers when they see possible concerns in this area. PASSPORT should consider creating educational materials for providers to share with their clients.

PASSPORT To Health Objective:

To identify the appropriate use of preventive care within this environment and implement changes if necessary.

Concerns

- Less than half said PASSPORT helps them to meet their clients' preventive care needs.
- Providers reported that clients do not feel preventive care is necessary (33%).
- DPHHS should do better client education regarding preventive care (67%).
- DPHHS should advertise the immunization schedule (61%).
- DPHHS should send EPSDT reminders (54%).

Recommendations

- PASSPORT has recently implemented (along with the County Public Health Departments) The Reading Well. This program provides an incentive for two-year old clients who receive all recommended vaccinations. Information regarding this program was sent to PASSPORT providers who work with children.
- PASSPORT has been sending out preventive reminders to all clients for over a year. In the next HEDIS analysis, PASSPORT should be able to determine if these reminders have had an impact on the number of clients getting preventive care.
- PASSPORT is updating the Well Child magnet that is sent to each household and should be more easily understood. In addition, the magnet may be broken down into different age groups to allow emphasis to be put on adolescent visits.
- Providers should increase their education to clients regarding the importance of preventive visits. Since some clients do not visit the provider as frequently as is recommended, the education should be both in person and through the mail.

General Recommendations

- PASSPORT should inform the providers of educational materials provided to PASSPORT clients. This would allow the providers to see that education of the clients is taken seriously, and it would give the providers an opportunity to share ideas of how we can improve this education.

- The Department should provide program education for PASSPORT and non-PASSPORT providers to avoid denied claim write-offs.
- PASSPORT should educate the providers (both PASSPORT and Non-PASSPORT) on regulations regarding such things as providing interpreters and how EMTALA works with the PASSPORT Program.

For questions or comments regarding this executive summary, contact the Provider Help Line at 1-800-480-6823, Monday through Friday 8:00 a.m. to 5:00 p.m.



Provider Information Website Tips

- There are several ways to access the Provider Information website:
 - **New URL:** Type the following command into your web browser: <http://www.mtmedicaid.org>
 - **Directly:** Type the following command into your web browser:
<http://www.dphhs.state.mt.us/hpsd/medicaid/medpi/medpi.htm>
 - **Department Home Page:** Type the following command into your web browser:
<http://www.dphhs.state.mt.us> and select *Services*, followed by *Programs Available*, *Medicaid Services*, and *Provider Information*
 - **Virtual Human Services Pavilion (VHSP):** Type the following command into your web browser:
<http://vhsp.dphhs.state.mt.us> and select *Human Services* followed by *Medicaid* and *Provider Information*. Instead of selecting *Medicaid*, you could also select *DPHHS Web Site* and follow the instructions from the previous tip.
- Most manuals and replacement pages on the website are designed to print duplex (on both front and back of the page).
- When viewing the Claim Jumper newsletter on the website, you will notice all publications mentioned in the text are highlighted in blue. Simply click on the text and the publication will open for viewing, downloading, etc.
- The newest additions to the website include:
 - **Medicaid News:** The latest news and changes surrounding the Medicaid program.
 - **Remittance Advice Notices:** The notice that prints on your remittance advice is available by provider type.

MEDICAID PROVIDER TRAINING SEMINARS SPRING 2003

Dates and Locations for Training:	May 6 th -7 th	Gran Tree Inn, Bozeman 1325 North 7 th Ave
	May 20 th -21 st	Ponderosa Pines Conference Room, Libby 952 E Spruce St
	June 3 rd -4 th	Great Northern Hotel, Malta 2 nd South 1 st Ave East

Please take advantage of these free training seminars to learn more about Medicaid and best billing practices. We encourage office managers and billing staff to attend the seminars. All you need to do is pre-register by filling out the attached registration form and return it by mail or fax (406-442-4402) to ACS, no later than one week before the training date you wish to attend.

Day One of the provider trainings will focus on new Medicaid billers from 1:00-5:00 pm. Day Two will provide information for new billers as well as more advanced billers. The second day session will run from 8:00 am- 5:00 pm. A specific break-out session will be offered on ambulance services, FQHCs/RHCs, and Medicaid Waiver Program. The training schedule is listed on the reverse side *(Please note the following schedule for when and where each special break-out training is being held).*

We ask that you **pre-register** if you plan to attend any of the upcoming Spring training seminars. Please complete the following and return to ACS as soon as possible.

Provider #: _____ Provider Name: _____ Phone Number: _____

Type of Provider (i.e., physician, hospital, etc.): _____ Specialty: _____

Which seminar location will your office attend? _____

Name of Person(s) Attending: _____

<input type="checkbox"/> Biller	# Attending Day One: _____	# Attending Day Two: _____
<input type="checkbox"/> Office Mngr	# Attending Day One: _____	# Attending Day Two: _____
<input type="checkbox"/> Provider	# Attending Day One: _____	# Attending Day Two: _____
<input type="checkbox"/> Other	# Attending Day One: _____	# Attending Day Two: _____

Do you have a PASSPORT number, or bill for a provider that has a PASSPORT number?

☐ YES
☐ NO


Have you attended Medicaid Provider Trainings before? _____

New Biller	Advanced Biller	PASSPORT Sessions
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Any concerns or areas you would like to see covered during this training seminar?

MEDICAID PROVIDER TRAINING SEMINARS

Spring 2003 Schedule

Day One New Billers		Day Two All Billers		Day Two Special Break-out Session		
1:00 pm	Acronyms	8:00 am	The Medicaid Client	Topic	City	Date & Time
1:30 pm	Introduction to Medicaid	9:00 am	HIPAA	Ambulance	Bozeman only	May 7 3:30-5:00 pm
2:00 pm	Eligibility Verification and Prior Authorization	10:00 am	PASSPORT (Process/Policy, Emergency Room, Referrals)			
2:45 pm	Provider Information (Provider Information Website, Claim Jumper)	11:30 am	Lunch- on your own	Home and Community Based Services (Medicaid Waiver) Program	Libby only	May 21 3:30-5:00 pm
3:00 pm	Forms (Sterilization, CNM, FA-455, Adjustments, RAS)	12:30 pm	Medicaid Policy Panel (When to bill a client, Legislative review, APC)			
3:45 pm	My Claim Denied- Now What?	1:30 pm	SURS and Record Keeping	FQHC/RHC	Malta only	June 4 3:30-5:00 pm
4:30 pm	Q & A Session	2:00 pm	Medicaid Hard Card			
		2:15 pm	Vaccines for Children			
		2:45 pm	TPL & Medicare			
		3:15 pm	Electronic RA & Electronic Payment			
		3:30 pm	Q & A Session			



P.O. BOX 8000
HELENA, MONTANA 59604

PLACE
STAMP
HERE

ACS – SPRING SEMINAR PRE-REGISTRATION
P.O. BOX 4936
HELENA, MONTANA 59604

Recent Publications

The following are brief summaries of publications regarding program policy changes since December 1, 2002. For details and further instructions, download the complete notice from the Provider Information website (<http://www.mtmedicaid.org>). Select *Notices and Replacement Pages*, and then select your provider type for a list of current notices. If you cannot access this information, contact provider relations.

Notices

04/01/03 DRG Hospitals

New • Rehabilitation Billing and Payment Changes

03/03/03 DME Providers

New • Coding and Reimbursement Revisions

03/03/03 DME Providers

New • 2003 Deleted HCPCS Codes

03/01/03 Pharmacy Providers

New • Prior authorization and refill changes

03/01/03 CMS-1500 Billers

New • New HCPCS/CPD Codes
• Deleted HCPCS/CPT Codes
• New J Codes

03/01/03 Nutrition Providers

New • Nutrition Services Require PASSPORT Approval

02/28/03 DME Providers

New • New Modifier - BO

02/06/03 Dental Notice

New • New CDT-4 Dental Codes effective 02/01/03.

02/04/03 Outpatient Hospitals, FOHC, RHC, IHS

- UB-92 claims submitted on or after April 1, 2003, will require all line items to have a valid date of services (UB field 45).
- List of revenue codes that require a separate line for each date of service

01/29/03 Pharmacy Notice

- Termination of coverage for selected drugs
- Change in dispensing limitations
- Prescription refill change
- Prior authorization changes

01/27/03 Optometric Notice

- Optometric Program Changes.

01/15/03 Dental Services Program Changes

- Effective February 1, 2003, only emergency dental services are available for clients age 21 and over.
- An *Emergency Dental Services Form* is required for these services. This form is available in the *Forms* section of the website.

01/10/03 All Provider Notice

- Provider notification procedures changes
- Medicaid changes
- PASSPORT ID number changes

01/10/03 Therapy Services Program Changes

- Therapy services limits

01/02/03 Pharmacy Program Changes

- Prior authorization changes

01/02/03 Mental Health Services Providers

- Mental Health Program Changes. Includes a letter to send to clients.

Manuals

01/06/03 Ambulance Services Manual

- This new manual contains the latest program changes and updates.

01/02/03 Prescription Drug Prior Authorization Manual

- The new manual updated with prior authorization changes and brand generics information is available on the Provider Information website.

Manual Replacement Pages

01/02/03 Pharmacy Manual Replacement Pages

- Replacement pages for the Prior Authorization chapter of the Pharmacy manual

01/02/03 Physician Manual Replacement Pages

- Prior authorization changes

Montana Medicaid
ACS
P.O. Box 8000
Helena, MT 59604

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Key Contacts

Provider Information Website:

<http://www.mtmedicaid.org>

Provider Relations (800) 624-3958 Montana
(406) 442-1837 Helena and out-of-state
(406) 442-4402 fax

TPL (800) 624-3958 Montana
(406) 443-1365 Helena and out-of-state

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility:

FAXBACK (800) 714-0075

Automated Voice Response (800) 714-0060

Point-of-sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 480-6823

Prior Authorization:

DMEOPS(406) 444-0190

Mountain-Pacific Quality Healthcare Foundation (800) 262-1545

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7951

Provider Relations
P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability (TPL)
P.O. Box 5838
Helena, MT 59604